The MDS Mentor

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The MDS Mentor is published in March, June, September, and December each year.

ACRONYMS:

Assessment Reference Date (ARD)

Centers for Medicare & Medicaid Services (CMS)

CMS Long-Term Care Facility Resident Assessment Instrument User's Manual Version 3.0 (RAIM3)

Interdisciplinary Team (IDT)

Medicaid Eligibility Service Authorization Verification (MESAV)

Minimum Data Set (MDS)

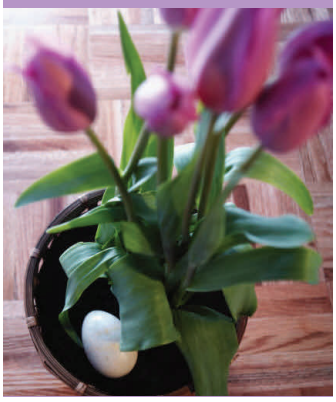
Omnibus Budget Reconciliation Act (OBRA)

Prospective Payment System (PPS)

Registered Nurse (RN)

Resource Utilization Group (RUG)

Skilled Nursing Facility/ Nursing Facility (SNF/NF)



Item A0100: Common Coding Challenges

Judging by a review of the questions SNF/NF and Swing Bed staff have asked about Section A: Identification Information, the item generating the most amount of inquiries in Texas is A0100.

The coding instructions from page A-3 of the RAIM3 instruct staff to "• Enter the nursing home provider numbers:

A. National Provider Identifier (NPI)

B. CMS Certified Number (CCN)

C. State Provider Number (optional)"

Facility staff needs to note the State Provider Number is an optional field, meaning that it is not federally required. However, states may require the item and provide instructions, as Texas did in Provider Letter 2010-19, *Provider Requirements for MDS 3.0,* excerpted below:

"Item A0100C: State Provider Number: In Texas, the State Provider Number matches the Facility ID/Vendor Number and will be four or six digits. If the Facility ID ends with V01, exclude V01 from the State Provider Number. Sample Facility IDs/State Provider Numbers include 4611, 0242, 101371 and 000128.

The MDS State Provider Number is not to be confused with the 9-digit Medicaid Contract Number. In Texas Medicaid & Healthcare Partnership's (TMHP) MESAV, the 9-digit Medicaid Contract Number is called the "State Provider Number," but that is NOT the same number that is entered into MDS assessments. "

What action should staff take if the State Provider Number is wrong? Once the error is found, if your software is set up to enter the number automatically, staff must notify either the software vendor and/or the business office and have them correct the A0100C value for the facility's profile. If the A0100C value is input manually on every MDS, then staff can ensure future assessments are correct simply by finding and entering the correct number.

In Texas, the correct State Provider Number matches the MDS Facility ID. Therefore, staff can verify the correct number by running any CASPER report and using the 'Find by Name' (instead of 'Add Facility ID') option. The current MDS Facility ID will appear at the top of almost all reports.

Also paramount, from page A-3 of the manual, is "• Nursing homes must have a National Provider Number (NPI) and a CMS Certified Number (CCN)." Facility staff needs to ensure these items are accurate on each MDS prior to transmission. The 10-digit NPI is numeric and always input into A0100A. The CCN is only applicable to certified homes who participate in Medicare and/or Medicaid and is input in item A0100B. For Medicaid only homes, the 6-space CCN is alphanumeric and, in Texas, begins with a "45". If Medicare (with or without Medicaid), the 6-digit CCN is numeric and begins with a "6". Only if the nursing facility or an entire wing is licensed-only (e.g., not certified) is A0100B left blank.

Z04000 and Z0500 Signature Guidance

We started this issue addressing the correct coding of an item in Section A. Now let's jump to covering the correct coding of a couple of items in Section Z, items Z0400 and Z0500, which also applies to both SNF/NF and to Swing Bed facilities.

Item Z0400: Signatures of Persons Completing the Assessment or Entry/Death Reporting is the place where any person who was responsible for and determined the coding of any item on the MDS 3.0 record signs for the accuracy and truthfulness of that information.

American musician Pete Seeger once asked, "Do you know the difference between education and experience?" He then answered that education was what you get "when you read the fine print; experience is what you get when you don't." Z0400 consists of an Attestation Statement that needs to be read and understood every time a person gets ready to sign for the accuracy of any items on the MDS. As noted on page Z-6 of the RAIM3, "Each person completing a section or portion of a section of the MDS is required to sign the Attestation Statement." One of many important assertions included in the Attestation Statement is to ensure staff learns they "may be personally subject to or may subject my organization to substantial criminal, civil and/or administrative penalties for submitting false information." A screen shot of item Z0400 from the MDS item set is on page Z-6 of the RAIM3, including the complete wording of the Attestation Statement. In addition, page Z-7 of the RAIM3 emphasizes: "Read the Attestation Statement carefully. You are certifying that the information you entered on the MDS, to the best of your knowledge, most accurately reflects the resident's status. Penalties may be applied for submitting false information."

For item Z0400, the coding instructions from page Z-7 of the RAIM3 requires "All staff who completed any part of the MDS must enter their signatures, titles, sections or portion(s) of section(s) they completed, and the date completed." As the RAIM3 notes, "Two or more staff members can complete items within the same section of the MDS." So, when staff fills in item Z0400, any staff member who coded entire sections or any portion of any section of the MDS "should identify which item(s) he/she completed within that section (page Z-7)."

Another point made under the coding instructions from page Z-7 of the RAIM3 is: "If a staff member cannot sign Z0400 on the same day that he or she completed a section or portion of a section, when the staff member signs, use the date the item originally was completed." Consider the following scenario: A staff member is assigned to complete the mood interview in Section D. The staff member is aware of the requirement that interviews must be conducted in the look-back period, but CMS prefers, as noted on page D-4 of the RAIM3, staff conducts this interview on "preferably the day before or day of the ARD." Therefore, the staff member conducts the interview of the resident on the ARD, which happens to be a Friday, and gathers all the information and determines the correct coding of the mood interview items. The staff member then departs on a three-day weekend and returns on the following Tuesday to encode the Section D interview items on the MDS in the facility software. Try to answer the following question: Based on the scenario above, what completion date is used for the mood interview items?

If you answered that it would be the date the items were originally completed, which was the ARD (the previous Friday), you would be correct. Staff only input the date MDS data was encoded as the date completed when the items are completed and encoded on the same day. Otherwise, staff uses the date the items originally were completed, which

{Continued on the next page.}

"Lo! where the rosy -bosomed Hours,

Fair Venus' train, appear,

Disclose the long-expecting flowers,

And wake the purple year!

The Attic warbler pours her throat,

Responsive to the cuckoo's note,

The untaught harmony of spring:

While whispering pleasure as they fly,

Cool zephyrs through the clear blue sky

Their gathered fragrance fling…"

- Thomas Grey, "Ode on the Spring", 1742

Section Z Tip:
Currently Z0500 is not an active item, and therefore is not included, in the NT/ST Tracking Record completed when a resident enters or dies in a SNF/NF or a swing bed facility.

Z04000 and Z0500 Signature Guidance

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was the date the data was gathered and the coding was determined.

In addition, there is another scenario that can be easily conceived from the coding instructions for item Z0400. This scenario is that only one staff member can complete an entire section of the MDS and still need to sign two or more times for that same section in item Z0400. As covered on the previous page, staff completing any items on the MDS "must enter their signatures, titles, sections or portion (s) of section(s) they completed, and the date completed." Because it is possible items within a section were completed on different dates, the same staff member may have to sign multiple times to reflect accurate dates of completion for each sub -set of items.

Consider an additional situation, this time regarding Section C. What completion date would be used if the staff member who conducted the interview in Section C on the ARD was also the staff member responsible for coding the rest of the active items in Section C and determined coding for those items three days after the ARD?

The answer is the staff member would indicate they completed the mental status interview items on the ARD and then make another entry that they completed the rest of the items in the section on the date on the calendar for three days following the ARD.

One more potential issue emerges when a staff member completes and encodes items on the MDS, but then is not available to sign item Z0400 for the accuracy of those items. The instructions on how to handle this situation are on page Z -7 of the RAIM3: "If an individual who completed a portion of the MDS is not available to sign it (e.g., in situations in which a staff member is no longer employed by the facility and left MDS sections completed but not signed for), there are portions of the MDS that may be verified with the medical record and/or resident/staff/family interview as appropriate. For these sections, the person signing the attestation must review the information to assure accuracy and sign for those portions on the date the review was conducted. For sections requiring resident interviews, the person signing the attestation for completion of that section should interview the resident to ensure the accuracy of information and sign on the date this verification occurred." This is one of the rare occasions when the signature date for the accuracy of the interviews may be after the ARD. The other rare occasion when interviews may be conducted up to two days after the ARD is when it is a stand-alone unscheduled Medicare MDS.

However, in both cases, as in most other cases, the RN Assessment Coordinator (RNAC) signature and date for completion of the MDS in item Z0500 would be either on the same date but after the time or after the date all active items on the MDS were attested as accurate in Z0400. It is extremely important that the date in Z0500B is not backdated and indicates the date the RN actually signed Z0500A. Furthermore, it is equally important that the person certifying the MDS is complete is an RN.

Also noteworthy, it is not always an error when Z0400 contains a date after Z0500. Was the MDS modified? If so, the coder or coders must sign and date for the accuracy of Section X and the changed MDS items. However, unless the RN signature at Z0500A and/or the date at Z0500B are modified, the RN completion signature and date at Z0500 remains unchanged on a modified record.

Under what circumstances can an LVN input a date into Z0500B when the MDS has not yet been signed by the RN as complete in Z0500A? The answer is there are NO circumstances when an LVN can input a date in Z0500B when the MDS has not been signed in Z0500A by a RN. As noted

Z04000 and Z0500 Signature Guidance

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on page Z-8 of the RAIM3, "For Z0500B, use the actual date that the MDS was completed, reviewed, and signed as complete by the RN assessment coordinator." What if the facility software automatically inputs the electronic signature and date of the person who locks Section Z into Z0500A and B respectively when certifying the Section is complete? Well that means the person who locks and notes Section Z is complete must be the RNAC. What if the facility software requires that Section Z be locked and the date input into item Z0500B prior to the RN's signature in Z0500A in order to be able to print the MDS to be signed by facility staff when electronic signatures are not in use? Then this is an example of software that is unusable for MDS 3.0. Staff needs to download and use JRAVEN, CMS free MDS software.

Finally, there are three Z0500-related issues requiring the inactivation of an MDS :

1. The MDS was transmitted prior to the RNAC signature in Z0500A. The MDS may NOT be modified to add the RN signature and date. The MDS that was transmitted was an incomplete, non-compliant and invalid MDS. All MDS that fit this criteria must be inactivated.
2. The MDS was transmitted after the RNAC signed the MDS as complete, but sections or portions of sections on the MDS were not actually completed. The MDS may NOT be modified to add the missing items. The MDS that was transmitted was an incomplete, non-compliant and invalid MDS. All MDS that meet this criteria must be inactivated.
3. The MDS was transmitted after it was signed as complete by anyone other than the RNAC(s) authorized by the facility to sign Z0500. In this case, either the person who signed was not an RN or the person was an RN that was not authorized by the facility to sign Z0500. From page Z-8 of the RAIM3, "Federal regulation requires the RN assessment coordinator to sign and thereby certify that the assessment is complete."

A facility may have more than one RNAC. Once an MDS has been inactivated, the original ARD and completion dates must NOT be reused. A new MDS created after any "windows" closed requires that an ARD be set for today's date or a date in the future, but only when the resident still resides in the facility. Also, if the new MDS contains a Medicare reason for assessment, the resident must still be on Part A.

TMF Announces Video Series on Quality Measures

TMF Health Quality Institute, our Texas Quality Improvement Organization, is thrilled to announce a new educational video series on Quality Measures.

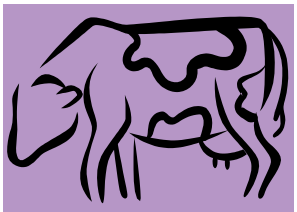
Here is the link to the TMF website: http://texasqio.tmf.org/Home.aspx

- Join the website by creating your account.
- Join the Nursing Home Network (**just hit the orange *Join This Network* button**) which is listed as *Healthcare Acquired Conditions in Nursing Homes*}.
- Manage your notifications – to tell TMF how often you want an email update on what's new to the website. Check the box. Now you have full access to the website!

To view the first posting in the video series , *Quality Measure Analysis and Improvement,* click the following link:

http://texasqio.tmf.org/Networks/HealthcareAcquiredConditionsinNursingHomes/QMVideoSeries.aspx

Check back often to view additional postings in the series.



The Purple Cow

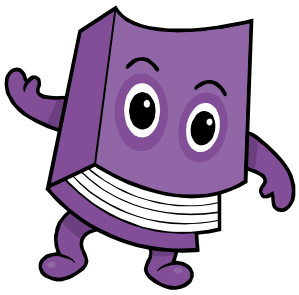
I never saw a Purple Cow,

I never hope to see one;

But I can tell you, anyhow,

I'd rather see than be one.

By: Gelett Burgess (1866-1951)



Ode to MDS Coders

The RAI Manual is not a purple book,

and to be purple does not aspire,

But I can tell you anyhow,

Read it or retire!

Bad news isn't wine. It doesn't improve with age.
Colin Powell

If you don't change your beliefs, your life will be like this forever. Is that good news?
W. Somerset Maugham

News is what somebody somewhere wants to suppress; all the rest is advertising.
Lord Northcliffe

Nothing in fine print is ever good news.
Andy Rooney

MDS News in Review

1) **Changes to STAR+PLUS Medicaid Managed Care for Nursing Facility Residents:** To allow more time to address stakeholder concerns, the Texas Health and Human Services Commission (HHSC) has postponed moving nursing facility residents into STAR+PLUS Medicaid managed care to **March 1, 2015**. HHSC will continue working with stakeholders to ensure a successful transition.

   HHSC is hosting a series of information sessions on several Medicaid managed care initiatives, including the STAR+PLUS transition. Questions can be sent to: Manged_Care_Initiatives@hhsc.state.tx.us.

2) **ICD-10 Delayed:** The ICD-10 implementation has been delayed by legislative bill until **October 1, 2015**. CMS is reviewing the impact to related changes for the October 2014 MDS update and will be issuing a statement. CMS staff are aware that ICD-11 is scheduled to be released later this year. CMS has no plans to transition to ICD-11 at this time.

3) **Processing manual change requests for item A0410 changes and incorrect FAC IDs:** CMS has reminded the states that only current change forms will be accepted. As these forms change occasionally, please contact Brian Johnson, the MDS Automation Coordinator (refer to 'Contact Us' details on page 6) to get the approved version and the correct form for your facility. Facilities which had any licensed-only beds (beds not approved for Medicare or Medicaid residents) from the time MDS 3.0 went live (October 1, 2010) are required to fill out an assessment-level change request, one form for each assessment involved. Those that have had only certified beds in MDS 3.0, will complete a facility-level change request, one form per facility.

4) **Appendix B, RAIM3:** The March 14 update of Appendix B to the RAI Manual contains changes to the list of state RAI coordinators, MDS automation coordinators, RAI panel members, and regional office contacts. The file is located in the Downloads section at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html.

5) **New MDS Item Sets:** Staff who want to stay abreast of the proposed changes to the MDS Item Sets and Data Specifications for the October 1, 2014 release should often visit http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html.

   Currently, the latest version of the Data Specifications is version 1.14.0 (with errata) and the latest version of the MDS 3.0 Item Sets is version 1.12.0.Please rem. ***Please remember that these versions should be considered provisional or draft and subject to change until the final specifications are published.***

6) **New MDS Provider Training videos:** On March 24, 2014, CMS posted updated training videos for several MDS sections (Section I, G, M and O) to YouTube. They can also be found in the Related Links section at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials.html.

Contact Us

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Useful Web Links

DADS MDS Web Site: Texas MDS site for MDS policy, procedures, and clinical and technical information (including The MDS Mentor); http://www.dads.state.tx.us/providers/MDS/

Sign up for MDS Resource E-mail updates: Go to http://www.dads.state.tx.us/, click on the "Subscribe" tab and follow the directions. The "DADS Texas Minimum Data Set (MDS) Resources" emails are the key line of communication for MDS updates and alerts to nursing home and swing bed facilities from the DADS MDS staff.

Centers for Medicare & Medicaid Services (CMS) MDS 3.0 website : MDS 3.0 RAI Manual, Item Sets (forms), related MDS 3.0 materials and left-side table links to MDS technical information and MDS 2.0; http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

Centers for Medicare & Medicaid Services (CMS) FY 2012 RUG-IV Education & Training: Clarification and follow-up documents related to Medicare MDS; http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEdu12.html

QIES Technical Support Office (QTSO): MDS 3.0/2.0, jRAVEN/RAVEN and CMSNet (Verizon) information. Validation Report Messages, Guides, Training and DAVE/DAVE 2 Tip sheets; https://www.qtso.com/

Quality Reporting System (QRS): DADS information site on Texas nursing homes; http://facilityquality.dads.state.tx.us/qrs/public/qrs.do

Nursing Home Compare: CMS site that compares nursing homes in a given area; http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteria.asp

5 Star Technical Manual: Explains data used to create the 5 Star Report; http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html

This guidance is being provided on the published date of The MDS Mentor (May 12, 2014). The reader should be aware that guidance regarding topics in The MDS Mentor may be time-limited and may be superseded by guidance published by CMS or DADS at a later date. It is each provider's responsibility to stay abreast of the latest CMS and DADS guidance.